



c/o The Select Group, Inc., 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, Virginia 23454
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RESIDENT INFORMATION FORM

Owner Name: _____

Address: _____

Alternate Mailing Address (if applicable): _____

City: _____ State: _____ Zip: _____

If using an alternate address, is this still a residence that you reside in either full or part time? _____

If not, then who is residing in unit? _____

Is this person a relative? _____ If so, what relation are they to you? _____

Phone: (h) _____ (w) _____ (c) _____

Email Address: _____

Emergency Contact: _____ Relationship: _____

Phone: (h) _____ (w) _____ (c) _____

Tenant Information

(If you are leasing your unit)

Tenant Name: _____

Phone: (h) _____ (w) _____ (c) _____

Email Address: _____

Lease Dates (From and To): _____

(If you haven't already done so, please be sure to forward a copy of the lease to The Select Group.)

If you retain the services of a leasing agent, please list the name, address, phone number and email address of the agent:

***The information on this form is for office use only and will be held in strictest confidence.**

**Return completed form to the address or fax number above
or email to: mromero@theselectgroup.us**